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ABSTRACT

This paper discusses the problems of affection versus intercourse in a male/female relationship, with differing degrees or periods of sexual interest listed as the most frequent sexual problem reported by students studied who were living together and by married couples. The problem occurs when one partner is refused while trying to initiate sexual behavior with the other. The author reviews a procedure which has been helpful in overcoming differences in sexual desires and which, theoretically, should develop a new attitude toward intercourse for both partners. Minor successes were reported in an actual study of 10 couples who used this procedure. Success was defined by the wife learning a more positive attitude toward her husband's approach behavior, and the husband perceiving his wife as desiring intercourse more frequently. Several problems with the procedure are reviewed and caution urged in its therapeutic use. (PC)

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THE AFFECTION VS. INTERCOURSE PROBLEM

OR

ALL HE WANTS IS MY BODY*

David Knox**

Macklin (1972) observed that "differing degrees or periods of sexual interest" was the most frequent sexual problem reported by the students she studied who were living together. Marital couples often express this same concern. The problem occurs when one partner is refused while trying to initiate sexual behavior with the other. For example, the male will roll over in bed, kiss his partner on the cheek, and stroke her breasts or genitals in preparation for intercourse. She may push his hand away and slide her body from him. Both partners become angry. He is thinking, "What's the matter with her? She wasn't always this way. She tricked me." Her thoughts are, "Why doesn't he show me affection when we are out of bed? It seems as though he only gets close to me when he wants sex." Regardless of the facts, each partner feels and believes that his anger is justified and that his partner's behavior is

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*The actual procedure described in this paper is taken from Dr. Knox's Marital Exercise Book published by David McKay Company, Inc. (1975), 750 Third Avenue, New York, New York 10017. This paper presented at the American Psychological Association, New Orleans, Louisiana, August 31, 1974. Symposium: Human Sexual Inadequacy And Dysfunction: Issues In Clinical Research And Practice.

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unreasonable.

To resolve the problem, two things must occur: (1) Each partner must communicate to the other that he understands why his partner feels the way he does. And (2) a plan must be developed and executed to resolve the disagreement. The female should understand that rejecting her partner for intercourse involves not only his loss of pleasurable orgasmic experience but his feelings of personal rejection. The male should understand that sex and affection, for the female, are often separate. Hugging, holding, touching, and kissing in preparation for intercourse is not the same as these behaviors not followed by intercourse. The former encourages feelings in the female that the only interest her partner has is in her body, whereas the latter encourages the feeling that she is loved and wanted as a person.

After discussing these perspectives with each other, new behaviors should begin. Ultimately, the male would like his female to respond favorably to intercourse and feel free to initiate sexual interaction. The female would like her partner to hold her, kiss her, and be close to her without invariably following these behaviors with intercourse. Since each knows what the other wants, he should begin to engage in these behaviors.

To illustrate how difficulties over frequency of intercourse can be overcome, assume a male wants intercourse three times a week whereas his partner desires intercourse once a week. The following

procedure has been helpful in overcoming differences in sexual desires:

1. The female should attempt to seduce her partner five times for intercourse during one week. She might start seducing him early in the day by telling him about the big night ahead.

2. The male should refuse to have intercourse the first two times she tries to seduce him. Under no circumstances should he give in regardless of how much he (or she) wants intercourse.

3. The male should refuse intercourse one of the remaining three times his partner tries to seduce him (intercourse will occur twice).

4. Most importantly, the male should hug and kiss his partner on two surprise occasions each day. These demonstrations of affection are never to be followed by intercourse. (Knox, 1975).

Theoretically, a new attitude toward intercourse should develop for both partners. The female should learn that her partner can give her affection (hugs and kisses) without intercourse occurring and that he does have the willpower to refuse intercourse even though she tries to seduce him. The male should learn that his partner likes sex since she approaches him for intercourse.

DATA:

Ten couples whose goals warranted the use of the "Affection vs. Intercourse" procedure, agreed to the procedure and tried it. Verbal report by these couples indicated that the procedure was successful in only 50% of the cases. Success was defined by the wife learning a more positive attitude toward her husband's approach behavior and the husband perceiving his wife as desiring intercourse more frequently.

PROBLEMS AND CONSIDERATIONS:

Caution should be exercised in the therapeutic use of the Affection vs. Intercourse procedure: (1) The procedure should only be used with an awareness of the total marital relationship. One wife who said, "I can't stand to touch him," agreed to try the procedure and on the first day of the program she attempted suicide. She said, "If I can't even force myself to touch him, there is no hope." Therapy designed to increase positive feelings of the partners toward each other should precede the use of this procedure. (2) The therapist should discuss with the couple the appropriate number of times for the approach refusal sequence. For some wives, approaching the husband for intercourse on five occasions per week is too much. (3) Since the procedure requires a total reversal of the traditional sex roles (aggressive male and reluctant female), it is difficult to get the new behavior occurring. The wife is

reluctant to approach her husband for fear that he will not turn her down. The sexually deprived husband is reluctant to refuse his wife since he fears she may never approach him again. To help initiate a new behavior, contingencies are established. For example, the wife forfeits the right to use the phone one week if she does not approach her husband on five occasions for intercourse the previous week. The husband forfeits the right to go to work for failure to refuse his wife for intercourse on three of five occasions. (4) The procedure has not worked in reverse. If the female wants intercourse more frequently than the male, no positive consequences have been reported or observed of the male approaching the female and having her refuse to have intercourse with him. One male said, "If that's the way she feels (wants more intercourse), she can get herself another buck." Another husband said, "It just doesn't seem right - she doesn't want to turn me down. She feels it is her duty to service me."

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